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APPLICANTS

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 ** CONTINUING DATA *Name* *****

 ** FOREIGN APPLICATIONS *OK* *****
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 5	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

32294
 SQUIRE, SANDERS & DEMPSEY L.L.P.
 14TH FLOOR
 8000 TOWERS CRESCENT
 TYSONS CORNER , VA
 22182

TITLE

Emergency call support for mobile communications

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)